DECLARATION AND POWER OF ATTORNEY (37 CFR 1.63)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

		I below) or an original, first and joint inventor ch a patent is sought on the invention entitled:
•		CLE"
The specification of which:		
is attached hereto. was filed on	as Application Serial No	, and was amended on
(if applicable).		•
I hereby state that I have review claims, as amended by any amendment references		above identified specification, including the
I acknowledge the duty to disclowith Title 37, Code of Federal Regulations		examination of this application in accordance
insofar as the subject matter of each of the manner provided by the first paragraph	e claims of this application is not disclosed of Title 35 United States Code §112, I of Federal Regulations, §1.56(a) which of	United States application(s) listed below and, d in the prior United States application in the acknowledge the duty to disclose material occurred between the filing date of the prior
Pl	RIOR UNITED STATES APPLICATION	S(S)
APPLICATION SERIAL NUMBER	FILING DATE	STATUS (Patented, Pending, Abandoned)

I hereby appoint the following practitioners my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Robert O. Rice (Reg. No. 26,574), Stephen D. Krefman (Reg. No. 28,631), Thomas J. Roth (Reg. No. 32,294), Andrea Powers Denklau (38,998), and Joel M. Van Winkle (Reg. No. 37,458), John F. Colligan (Reg. No. 48,240).

Address all correspondence to: Customer Number 00173

All telephone inquiries should be made to: Robert O. Rice, 616-923-3870.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Dated		Inventor's Signature		
Full Name of Inventor	Last Name LECLEAR	First Name DOUGLAS	Middle Name	
Residence &	City	State or Foreign Country	Country of Citizenship	
Citizenship	COLOMA	MICHIGAN	UNITED STATES OF	
Post Office	Street & No.	City	State or Country	Zip Code
Address	5190 RIVERVIEW DR.	COLOMA	MICHIGAN	49038

DECLARATION AND POWER OF ATTORNEY Attorney's Docket No. <u>US20020143</u>

Dated		Inventor's Signature		
Full Name	Last Name	First Name Middle Name		
of Inventor	SLONE	CAROLYN	L.	
Residence &	City	State or Foreign Country	Country of Citizenship	
Citizenship	ST. JOSEPH	MICHIGAN	UNITED STATES OF AMERICA	
Post Office	Street & No.	City	State or Country Zip Code	
Address	3471 MAGNOLIA LN.	ST. JOSEPH	MICHIGAN	49085

Dated		Inventor's Signature		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street & No.	City	State or Country	Zip Code

Dated		Inventor's Signature		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship)
Post Office Address	Street & No.	City	State or Country	Zip Code

Dated		Inventor's Signature		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street & No.	City	State or Country	Zip Code

Dated ·		Inventor's Signature		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenshi	р
Post Office Address	Street & No.	City	State or Country	Zip Code